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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***  
*None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*GERMANY DE 103 46 952.4 10/09/2003* ✓

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
**\*\* 03/08/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY GERMANY	SHEETS DRAWING 1	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
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**ADDRESS**  
 39648  
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**TITLE**  
 Arrangement and method for producing therapeutic insoles

FILING FEE  RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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